	PATENT	ORC	,	Application or Docket Number																	
Effective October 1, 2003									SKACODEOS-												
CLAIMS AS FILED - PART I SMA (Column 1) (Column 2) TYP										OI		R THAN ENTITY									
Ľ	OTAL CLAIMS	S 	15					RATE	FEE	7	RATE	FEE									
F	OR	MUMBER FILED		MUM	MUMBER EXTRA		BASIC F	EE 385.0	00	BASIC FE	770.00										
Ľ	OTAL CHARGE	/ minus 20=		•	Q		X\$ 9=		OF	X\$18=											
_	DEPENDENT (ninus 3 =	a			X43=		OF	X86=										
Ľ	MULTIPLE DEPENDENT CLAIM PRESENT							+145=	7	OF	+290=										
* If the difference in column 1 is less than zero, enter *0" in column 2 TOTAL OR TOTAL																					
CLAIMS AS AMENDED - PART II																					
_	0/26/04	(Calumn 1)	(Column 2) (Column			(Column 3)	٠	SMALL	ENTITY	_OR	SMALL	ENTITY									
ENTA		REMAINING AFTER AMENDMENT		NUMB PREVIOUS PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE									
AMENDMENT	Total	.23	Minus	-20	>	.3	ſ	X\$ 9=	2700	OR	X\$18=										
M	Independent	. 8	Minus	-3		-5		X43=	2200	J _{OR}	X86=										
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=										
									347.		TOTAL										
6-23-05 (Column 1) (Column 2) (Column 3)																					
8		CLAIMS REMAINING		HIGHE NUMBI	ER	PRESENT	ſ		ADDI-	1		ADDI-									
AMENDMENT		AFTER AMENDMENT		PREVIOL PAID FO		EXTRA	L	RATE	TIONAL FEE		RATE	TIONAL FEE									
END	Total	· 25	Minus	<u>- a</u>	3		L	X\$ 9=		OR	X\$18=										
A	Independent FIRST PRESE	NTATION OF MU	Minus LTIPLE DEF	ENDENT C	Y AM			X43=-		OR	X86=										
								+145=		OR	+290=										
0	2.12.0									OR	YOTAL ADDIT, FEE										
(Column 1) (Column 2) (Column 3)																					
ENTC		CLAIMS REMAINING AFTER AMÉNDMENT		HIGHES NUMBE PREVIOUS PARD FO	R	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL									
	Total	00	Minus	-063	$\overline{}$	-		CS 9=		OR	-X\$18=	FEE.									
5 L			Minus	- 0	. ,		\vdash	X43=		•	X86=	/-									
	FIRŞT PRESEN		145:		OR		/														
• 8	If the entry in column 1 is less than the entry in column 2, write "O" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+290=										
	the Highest Nust	ber Proviously Paid	I For IN THE	SPACE IL IN	es than	3 mor 3.		TOTAL DIT. FEE			DOTT. FEE	<u> </u>									
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.																					
									<u>.</u> .	DRIM PTD-475 (Rev. 1000) Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE											